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JUL 25 2005

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000201 7590 04/20/2005

**UNILEVER INTELLECTUAL PROPERTY GROUP
700 SYLVAN AVENUE,
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07/26/2005 WASFAW2 00000137 121155 09964298

01 FC:1501	1400.00 DA
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Sally Aldahondo

(Depositor's name)

Sally Aldahondo

(Signature)

July 20, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/964,298	09/26/2001	Rodrigo Jimenez	J3553(C)	9910

TITLE OF INVENTION: PROTECTIVE PACKAGING UNIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/20/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGO, LIEN M	3727	215-277000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Karen E. Klumas

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Unilever Home & Personal Care USA
Division of Conopco, Inc.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**325 North Wells
Chicago, ILL. 60610**

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1155 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date July 20, 2005

Typed or printed name

Karen E. Klumas

Registration No. 31,070

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